MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/ 576 514

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1		1			
2		1		1		
3		2		1		
4		(1)		1		
5		(1)		1		
6		(1)		1		
7		(1)		1		
8		(1)				
9		(1)		1		
10		(1)		1		
11		(1)		1		
12		(1)		1		
13		(1)		1		
14		(1)		1		
15	1		1			
16		1		1		
17		2				
18		(1)		1		
19		(1)		1		
20		(1)		1		
21		(1)		1		
22		(1)		1		
23		(1)		1		
24		(1)		1		
25		(1)		1		
26		(1)		1		
27		(1)		1		
28		(1)		1		
29		(1)		1		
30		(1)				
31	1		1			
32		(1)		1		
33		(1)		1		
34		(1)		1		
35		(1)		1		
36		(1)		1		
37		(1)		1		
38		(1)				
39	1		1			
40				1		
41				1		
42				1		
43				1		
44						
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49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	37		38			
TOTAL CLAIMS	41		42			

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)